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CONFIRMATION NO. 4921

SERIAL NUMBER 10/813,486	FILING OR 371(c) DATE 03/30/2004 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. 15420US01
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APPLICANTS

Shervin Moloudi, Los Angeles, CA;

** CONTINUING DATA *****

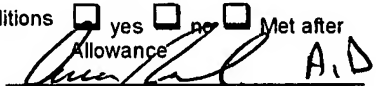
This application is a CIP of 09/634,552 08/08/2000 which claims benefit of 60/160,806 10/21/1999 and claims benefit of 60/163,487 11/04/1999 and claims benefit of 60/163,398 11/04/1999 and claims benefit of 60/164,442 11/09/1999 and claims benefit of 60/164,194 11/09/1999 and claims benefit of 60/164,314 11/09/1999 and claims benefit of 60/165,234 11/11/1999 and claims benefit of 60/165,239 11/11/1999 and claims benefit of 60/165,356 11/12/1999 and claims benefit of 60/165,355 11/12/1999 and claims benefit of 60/172,348 12/16/1999 and claims benefit of 60/201,335 05/02/2000 and claims benefit of 60/201,157 05/02/2000 and claims benefit of 60/201,179 05/02/2000 and claims benefit of 60/202,997 05/10/2000 and claims benefit of 60/201,330 05/02/2000

Yes, A.D

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature	Initials A.D			

ADDRESS

23446

TITLE

System and method for reducing phase noise

FILING FEE RECEIVED 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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